

Supplemental Independent Expenditure Report

(Government Code Section 84203.5)

SEE INSTRUCTIONS ON REVERSE

Type or print in ink.
Amounts may be rounded to
whole dollars.

SUPPLEMENTAL INDEPENDENT EXPENDITURE

Report covers period from 10/01/2014 through 10/18/2014	Date Stamp RECEIVED 2014 OCT 24 AM 10:45 OFFICE OF THE CITY CLERK CITY OF NEWPORT BEACH	CALIFORNIA FORM 465
Date of election if applicable: (Month, Day, Year) 11/4/14 11/06/2012		Page 1 of 2
<input type="checkbox"/> Amendment (Explain Below)		For Official Use Only

1. Committee/Filer Information

COMMITTEE/FILER'S NAME
Residents for Reform

STREET ADDRESS (NO P.O. BOX)

603 E Alton Ave STE H//PO BOX 26, Balboa Island 92662

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Santa Ana	CA	92705	(714) 540-2295

OPTIONAL: FAX/E-MAIL ADDRESS

I.D. NUMBER (If recipient committee)
1351756

Treasurer (If recipient committee)

NAME OF TREASURER

Lysa Ray

MAILING ADDRESS

603 E Alton Ave STE H

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Santa Ana	CA	92705	(714) 540-2295

OPTIONAL: FAX/E-MAIL ADDRESS

2. Name of Candidate or Measure Supported or Opposed

NAME OF CANDIDATE Duffy Duffield	OFFICE SOUGHT OR HELD AND DISTRICT, IF APPLICABLE City Council Member: Newport Beach	CHECK ONE		
		SUPPORT	OPPOSE	
NAME OF BALLOT MEASURE	BALLOT NO./LETTER	JURISDICTION	SUPPORT	OPPOSE
			X	

3. Independent Expenditures Made

Attach additional information on appropriately labeled continuation sheets.

DATE	NAME AND ADDRESS OF PAYEE	DESCRIPTION OF EXPENDITURE	AMOUNT	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)
10/11/2014	Davis Barber Productions 305 N Harbor Blvd #300C Fullerton, CA 92832	TEL	100.00	1,109.89
10/16/2014	COGS 3309 S Main St Santa Ana, CA 92707	CMP	1,009.89	1,109.89

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Residents for Reform

4. Summary

1. Total independent expenditures of \$100 or more made this period. (Part 3.)	\$ <u>1,109.89</u>
2. Total independent expenditures under \$100 made this period. (Not itemized.)	\$ <u>0.00</u>
3. Total independent expenditures made this period (Add Lines 1 + 2.)	TOTAL \$ <u>1,109.89</u>

5. Filing Officers

Enter the name and address of each filing officer with whom the filer's most recent campaign statements (Form 450, 460 or 461) have been filed.

1) NAME OF FILING OFFICER

County of Orange

ADDRESS (NO. AND STREET)

CITY

STATE

ZIP CODE

3) NAME OF FILING OFFICER

ADDRESS

(NO. AND STREET)

CITY

STATE

ZIP CODE

2) NAME OF FILING OFFICER

ADDRESS

(NO. AND STREET)

CITY

STATE

ZIP CODE

4) NAME OF FILING OFFICER

ADDRESS

(NO. AND STREET)

CITY

STATE

ZIP CODE

6. Verification

I certify that the "independent expenditure(s)" disclosed in this statement were not "made at the behest of" the candidate or committee that benefitted from the expenditure(s) as those terms are defined in Government Code Section 82031 and FPPC Regulation 18225.7. I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on 10/23/2014

DATE

Executed on

DATE

Executed on

DATE

Executed on

DATE

By


SIGNATURE OF FILER, TREASURER OR ASSISTANT TREASURER

By

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT, OR RESPONSIBLE OFFICER OF SPONSOR

By

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT

By

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT